PTCISBIOS (12-04)
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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876										791679			
APPLICATION AS FILED - (Column 1)							· SMALL ENTITY			œ.	OTHER THAN SMALL ENTITY			
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bridging geneting, propering, and automiting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments bridging generating, propering, and automiting the complete day form and/or suggestions for reducing this burden, chould be sent to the Chief integration Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Tindemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-PTQ-9199 and select option 2.

## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 781679 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE ___ **TOTAL CLAIMS** SMALL ENTITY OR RATE FEE RATE FOR FEE NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 OR BASIC FEE 300.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 25= X\$50= OR INDEPENDENT CLAIMS minus 3 = X100= MULTIPLE DEPENDENT CLAIM PRESENT X200= OR +180= If the difference in column 1 is less than zero, enter *0* in column 2 OR +360≈ TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS **AMENDMENT A** HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY RATE TIONAL **EXTRA** RATE AMENDMENT TIONAL PAID FOR FEE Total FEE Minus ** X\$ 25= X\$50= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200≈ OR +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS AMENDMENT B HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY RATE TIONAL **EXTRA** AMENDMENT RATE TIONAL PAID FOR FEE FEE Total Minus X\$ 25= X\$50= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= +360= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) · (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY TIONAL **EXTRA** RATE AMENDMENT RATE TIONAL PAID FOR FEE FEE Total Minus ** X\$-25= X\$50= Independent OH Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100≈ X200= OR +180= • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. OR +360= If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL

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***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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ADDIT. FEE

OR

TOTAL